Clork of the House of Representatives Secretary of the Senate Legislative Resource Center Office of Public Records B-106 Cannon Building 232 Hart Building Washington, DC 20515 Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration June 15, 1999
2. House Identification Number	Senate Identification Number
REGISTRANT 3. Registrant name COLLIER, SHANNON, RILL	& SCOTT, PLLC
Address 3050 K Street, N.W.	Suite 400
City Washington	State B,C, Zip 20007
Principal place of business (if different from line 3) City	State/Zip (or Country)
5. Telephone number and contact name (202) 342-8646 Contact G	regory M. Scott E-mail (optional) gscott@colshan.com
6. General description of registrant's business or activities LAW FIRM	
CLIENT A tabbying form is required to file a separate registration tabeled "Self" and proceed to line 10. Self 7. Client name Independent Insurance Agents Address 412 First Street, S.E.	on for each client. Organizations employing in-house lobbyists should check the box of America, Inc.
City Washington, D.C.	State Zip 20093
8. Principal place of business (if different from line 7) City	State/Zip (or Country)
9. General description of client's business or activities Trade Association	
	act as a lobbyist for the client identified on line 7. If any person listed in official" or "covered legislative branch official" within two years of first dtor legislative position(s) in which the person served. Covered Official Position (if applicable)
	Covered Official Position (it appareates)
Scott A. Sinder	
######################################	
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Form LD-1 (Rev. 06/98)	Page I

egistrant Name_		, SHANNON, SCOTT, PLL		Independent Client Name	t Insur	ance Agents of a	America, In
LOBBYING	G ISSU lying issue INS	ES areas. Select a	il applicabi	le codes listed in instructions and	d on the r	everse side of Form LE)-I, pag≄ 1.
2. Specific lobb	ying issue	(current and	inticipated)				
	Rank	ing and lo	şurance	Tssues .			
FFILIATE . Is there an er	ntity other	than the clie	nt that con	atributes more than \$10,000 to part plans, supervises or con	o the lobi	bying activities of the	e registrant in activities?
☑ No ⇔ Go to line 14.			Yes § Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.				
Name			Address		Principal Place of Business (city and state or country)		
				÷			
OREIGN E							
				hip in the client or any organ major part, plans, supervises			
act	tivities of an affiliate	the client or a	any organi	ization identified on line 13; (ganization identified on line l	0r		
#A No⇒s	ign and da	ace the registr	ation.		g the crit	t of this section for e cria above, then sign	
- Name			Address	Principal place business (city and state or co		Amount of contribution for lobbying activities	Ownership_ percentage in client
					1		<u></u>
ignature	حما	/ · .			_ Date_	6/30/99	·
ignature	and Title	Scott A.	Sinder,	Метрек	_ Date_	6/30/99	~